

Congress of the United States
House of Representatives
Washington, DC 20515

December 15, 2014

President Barack Obama
The White House
Washington, DC 20500

Dear Mr. President:

As concerned Members of the House of Representatives, we are writing to ask that you address an important issue facing the thousands of military veterans who have suffered the often invisible wounds inflicted by military sexual assault and urge the Veterans Administration (VA) to properly address the current disparity in grant rates of disability claims for post-traumatic stress disorder (PTSD) caused by military sexual trauma (MST) and PTSD arising from other causes. Specifically, we ask that Secretary McDonald grant a rulemaking petition submitted in June 2013 that would establish parity in the evidentiary requirement for MST PTSD claims with the standard that already applies to similar PTSD claims from combat or fear of hostile military or terrorist activity under 38 C.F.R. 3.304 (f)(5).

Sexual violence is a widespread problem in the military and although the Pentagon has taken steps to improve prevention and response, the pain and suffering of those who have experienced military sexual trauma (MST) continues well beyond their period of service, and the responsibility to provide care for these individuals shifts from the Department of Defense to the Department of Veteran Affairs.

Secretary McDonald has acknowledged that the VA must provide comprehensive care for veterans dealing with MST and we applaud the recent expansion of physical and mental health services for MST survivors. But the VA is more than a hospital network. It also provides disability benefits for veterans. Comprehensive care must include ensuring that MST related disability claims are processed accurately and consistently. The current regulations do not accomplish that.

VA regulations currently require MST survivors to provide additional evidence, or "markers" that can be used as evidence to support their claim, but it is entirely up to the discretion of the claims officer if those markers are accepted as evidence. The result of this process is that differing interpretations of whether or not markers constitute evidence results in claims that are not processed accurately, consistently or in a timely manner.

The VA attempted to address this problem through VA-wide "marker training" in 2011, but data from subsequent years shows it was not effective. Data obtained by advocacy groups via FOIA and provided by the VA to the GAO indicate that MST claims continue to be rejected

more often than other PTSD claims and there are enormous disparities in the approval rates of MST claims by regional office. How a veteran's claim is handled should not be dependent on where that veteran lives. In order for claims to be processed fairly, the regulation must be fair.

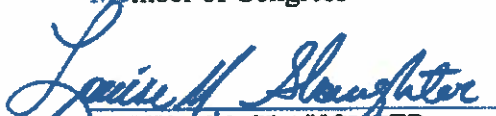
The policy change has bipartisan support from both the House and the Senate and has been called for by veterans' organizations such as the American Legion, Disabled American Veterans, Veterans of Foreign Wars, the Vietnam Veterans of America, Iraq and Afghanistan Veterans of America and the Service Women's Action Network.


Thank you for considering our request and for your commitment to improving the lives of veterans suffering from military sexual trauma.

Sincerely,



ROSA L. DeLAURO
Member of Congress


NIKI TSONGAS
Member of Congress


LOUISE M. SLAUGHTER
Member of Congress


DINA TITUS
Member of Congress



BARBARA LEE
Member of Congress

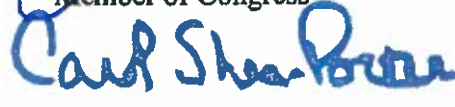

PAUL TONKO
Member of Congress



CHELLIE PINGREE
Member of Congress


CAROLYN B. MALONEY
Member of Congress

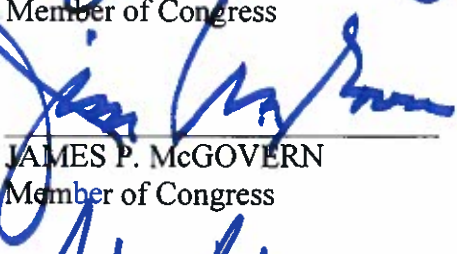

NITA M. LOWEY
Member of Congress



JACKIE SPEIER
Member of Congress



CAROL SHEA-PORTER
Member of Congress


KYRSTEN SINEMA
Member of Congress


ELIZABETH ESTY
Member of Congress



JAMES P. McGOVERN
Member of Congress


STEVE COHEN
Member of Congress


ALAN LOWENTHAL
Member of Congress



BOBBY RUSH
Member of Congress


BETTY McCOLLUM
Member of Congress


THEODORE E. DEUTCH
Member of Congress



LOIS CAPPS
Member of Congress


PETER WELCH
Member of Congress



ALCEE L. HASTINGS
Member of Congress


GEORGE MILLER
Member of Congress



EARL BLUMENAUER
Member of Congress


RAUL M. GRIJALVA
Member of Congress


ANN McLANE KUSTER
Member of Congress


MARK POCAN
Member of Congress


MARCY KAPTUR
Member of Congress


GRACE F. NAPOLITANO
Member of Congress


SUZAN K. DELBENE
Member of Congress

Suzanne Bonamici

SUZANNE BONAMICI
Member of Congress

Derek Kilmer

DEREK KILMER
Member of Congress

Gloria Negrete McLeod

GLORIA NEGRETE McLEOD
Member of Congress

Ted Poe

TED POE
Member of Congress

Lois Frankel

LOIS FRANKEL
Member of Congress

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Member of Congress

Lucille Roybal-Allard

LUCILLE ROYBAL-ALLARD
Member of Congress

Jan Schakowsky

JAN SCHAKOWSKY
Member of Congress

Beto O'Rourke

BETO O'ROURKE
Member of Congress

Zoe Lofgren

ZOE LOFGREN
Member of Congress

Walter B. Jones

WALTER B. JONES
Member of Congress

Loretta Sanchez

LORETTA SANCHEZ
Member of Congress

Jim Himes

JIM HIMES
Member of Congress

Judy Chu

JUDY CHU
Member of Congress

David N. Cicilline

DAVID N. CICILLINE
Member of Congress

Mike Honda

MIKE HONDA
Member of Congress